PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10766105

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			15					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			バ minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			5 m	inus 3 =	* 2			X43=	86	OR	X86=	
ML	JLTIPLE DEPEI	NDENT CLAIM P	RESENT		<u> </u>			+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter					"0" in (column 2	ı	TOTAL	471	OR	TOTAL	
CLAIMS AS AMENDED - PART II							OTHER THAN SMALL ENTITY OR SMALL ENTITY					
(Column 1)			(Colum			(Column 3)		SMALL	ENTITY	OR	SMALL	ENIIIY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER . DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	61 4114	=		X43=		OR	X86=	
	FIRST PRESE	ENTATION OF MI	JUITPLE DEI	PENDENT	CLAIM			+145=		OR	+290=	
							L	TOTAL		- -	TOTAL	
ADDIT FEE												
		(Column 1) CLAIMS		HIGHE		(Column 3)	lr		4001	1 5		4001
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	,
	Independent	*	Minus	***		=		X43=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
							L	TOTAL DDIT. FEE		 	TOTAL	<u> </u>
	(Column 1) (Column 2) (Column 3)								· · · · · · · · · · · · · · · · · · ·		VDDIT. FEE L	
_		CLAIMS		HIGHE		(Column 3)	<u> </u>		100:	Г		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	┢	X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A-0=		OR		
								+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OFTAL ADDIT. FEE												
		her Previously Paid					r foun	d in the ann	ropriate box	in colu	mn 1.	l ·